

cannot afford it. Only 15 percent of those individuals with health insurance have postponed care for this reason.

It is no surprise that the uninsured and underinsured are generally more expensive to treat because they fall through the cracks in our health care system. Unfortunately, the policies that this Congress has supported only serve to widen those cracks.

Despite being faced with record levels of uninsured individuals, this Congress has put Medicaid cuts at the top of the budget agenda. Medicaid is the health insurer of last resort in this country, and subjecting this critical program to budget cuts will only serve to further increase the number of Americans without health insurance.

Where does Congress think these folks will go once they are dropped from the Medicaid rolls? The answer is simple: They will join the ranks of the uninsured, and in doing so, they will be three times more likely to postpone health care, three times more likely to forego filling a prescription, and three times as likely to be hounded by collection agents for payments on medical care they do seek out. This is not the way to ensure that our citizens are healthy, productive members of our society.

The Federal Government needs to renew its commitment to the most vulnerable members of our society. Faced with record levels of uninsured, we should be adding people to the Medicaid and SCHIP rolls, not dropping them. We should expand the SCHIP program to include parents of these CHIP children. That policy option alone would provide health insurance to 67 percent of CHIP parents in Texas.

We should restore funding for the HCAP program, which in my community, has helped enroll an additional 250,000 individuals in Medicaid and CHIP, while also directing the uninsured away from ERs and toward an appropriate health care home. These are programs that work.

What does not work is picking a budget number out of thin air and forcing Members to chop away at a program until it fits that number. It is shameful that Congress is balancing the budget on the backs of low-income families. If we are going to get this country's health care system out of the ditch, we must stop digging that ditch.

HEALTH RISKS ASSOCIATED WITH INHALED COMPOUNDED DRUGS USED IN NEBULIZERS

The SPEAKER pro tempore (Mr. REICHERT). Under a previous order of the House, the gentleman from New Jersey (Mr. SMITH) is recognized for 5 minutes.

Mr. SMITH of New Jersey. Mr. Speaker, today, Americans with asthma, emphysema, and other respiratory diseases are being exposed, without their knowledge or consent, to serious and unnecessary health risks associated with inhaled compounded drugs used in their nebulizers.

Mr. Speaker, to my left are FDA-approved generic and brand medications proven to be safe, effective, and manufactured in a sterile manner. I would ask Members to notice that critical information, such as lot number, expiration date, manufacturer, drug name, and dose are embossed on the plastic vial.

These, Mr. Speaker, on this next board, are not FDA-approved medications. They were compounded or mixed in a pharmacy under conditions that may or may not be sterile. They are not clinically proven to be safe or effective. Notice there is no lot number, no expiration date, no manufacturer or sterility notice. Absence of this critical information in labeling and advertisements to patients and prescribers is, at best, misleading.

In addition, notice here the glue-fixed paper labels. The FDA, Mr. Speaker, does not approve of these types of paper labels because they are known to leach carcinogenic ink and glue chemicals into the medication in the vials the patient inhales into their lungs.

Mr. Speaker, physicians write their prescriptions for FDA-approved brand names and generic medications. Patients think that what the doctor prescribes is what they are going to receive. But through a sleight of hand, some compounding pharmacists are having the prescriptions switched to these types of unapproved and unproven drugs.

What happens is that the patient gets a phone call or sees a TV ad or something on the Web saying that this seemingly benign and reputable company will deliver their nebulizer drugs right to their door if they just sign a form. By signing, they essentially agree to a substitution of the medication from what the doctor prescribed to whatever substance the compounding pharmacist is whipping up in his back room or factory.

Oftentimes, the original prescribing physician does not even know the substitution or switch has occurred. Patients and physicians do not know until something goes tragically wrong, and wrong in this case can be a worsening symptom, or even death.

You might ask how this is happening, Mr. Speaker. Well, a new industry has emerged in recent years: Mass pharmacy manufacturing under the guise of traditional pharmacy compounding. Relying on lax State standards and arguing that Federal standards do not apply, these companies manufacture and distribute millions of doses of compounded nebulizer medications each year. Mass pharmacy manufacturing is not to be confused with traditional pharmacy compounding, a public health service when a patient has a medical condition for which no proven commercially available medication exists.

Normally, the patient, prescriber and compounding pharmacist discuss the risks and benefits together and mon-

itor the patient carefully throughout the illness. In many cases, however, this is not happening. Medical experts agree that the risk of using these unproven drugs, mass manufactured outside the parameters of FDA regulation, are unacceptable, especially when FDA-approved medications are available.

These drugs, Mr. Speaker, are not FDA-approved. They are not established generic equivalents of FDA-approved brand name medications. They are not proven to be safe or effective and do not meet FDA standards for sterility. The origin and quality of raw ingredients are not disclosed.

The absence of disclosure and drug labeling in advertisements is indeed misleading, and I am concerned. So are patient and clinician organizations, led by the Allergy and Asthma Network/Mothers of Asthmatics. It is time for Congress to get to the bottom of this issue and find out why these products are allowed to be sold with misleading labeling and without FDA approval. And, further, why in many cases Medicare and Medicaid are reimbursing for these unproven and unapproved mass manufactured products.

PROPOSED INDIAN GAMBLING CASINO IN COLUMBIA RIVER GORGE NATIONAL SCENIC AREA IN OREGON

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Oregon (Mr. WU) is recognized for 5 minutes.

Mr. WU. Mr. Speaker, tonight I rise to express my deepest concern about a proposed Indian gambling casino in the Columbia River Gorge National Scenic Area in Oregon.

On April 6, 2005, Oregon Governor, Ted Kulongoski and the Confederated Tribes of the Warm Springs signed a Tribal-State compact. The compact would allow a off-reservation Indian gambling casino in the Columbia River Gorge National Scenic Area. The Columbia River Gorge is the crown jewel of Oregon's many natural wonders, a spectacular and unique sea-level cut through the Cascade Mountain Range. It is 80 miles long and up to 4,000 feet deep. The Columbia River flows between the Gorge's north walls in Washington State and its south walls in Oregon. It is a natural wonder and a National Scenic Area.

The proposed 500,000 square foot gambling casino would dramatically alter the Columbia River Gorge and have a significant negative effect on the environment by increasing traffic, congestion, and air pollution. Specifically, the proposed casino would draw an estimated 3 million visitors per year for non-Gorge related reasons, resulting in perhaps a million additional vehicle trips per year. This increased traffic would exacerbate existing air pollution problems in the Columbia River Gorge. State and Federal agencies have already determined that air quality in

the Columbia River Gorge is significantly degraded and that visibility is impaired 95 percent of the time in this National Scenic Area.

Also, according to Federal sources, this area suffers acid rain as severe as what falls in industrial cities such as Washington, D.C., Baltimore, Pittsburgh, and New York City. It is crucial that this proposal be thoroughly vetted to take into account the environmental impact on the Columbia River Gorge National Scenic Area, its habitat, and the surrounding communities. I note that there are six endangered or threatened species in the Gorge, and over 40 sensitive species in the Columbia River Gorge.

Placing a casino in the Columbia River Gorge has been presented as a choice between Hood River and Cascade Locks, two communities on the Oregon side of the Columbia River Gorge. I emphatically reject this Hobson's choice. The Hood River casino site is a red herring, neither physically buildable nor legally available for tribal gambling purposes. The argument that unless a casino is permitted in Cascade Locks, it would inevitably be built in Hood River is a smoke screen used to hide other appropriate non-Columbia River Gorge sites.

Also, allowing this casino in the heart of the Columbia River Gorge, on land far removed from the Tribe's existing reservation, would set a precedent encouraging other Oregon tribes to demand off-reservation casinos closer to the lucrative Portland market. Allowing for an off-reservation casino in this situation also could set an adverse precedent at the national level.

Until now, Oregon's policy, set by former Governor John Kitzhaber, has been to limit each tribe to one casino on reservation land held in trust. The Kitzhaber policy has been stable over the years and has prevented an arms race to get closer to the lucrative Portland metro market. Breaking the Kitzhaber policy would inevitably lead to more off-reservation casinos throughout Oregon and potentially also in neighboring States. Indeed, once this is allowed, there is no logical stopping point. All tribes would have their interests affected adversely both by an arms race to the Portland metro area and by a potential general public backlash against all Indian gaming.

This is more than a mere compact to govern gambling. The compact is a blueprint for the development of a specific large-scale commercial casino complex within one of Oregon's most scenic and ecologically sensitive areas. This compact should be disapproved so that we can protect the Columbia River Gorge National Scenic Area, limit off-reservation Indian casino proliferation, protect the long-term interests of all federally recognized tribes in Oregon, and act in the best interests of the surrounding communities, ranging from Hood River to Corbett to Portland to Beaverton.

The earliest Oregon pioneers, Indian and white alike, came down the Colum-

bia River Gorge to find an Eden of the west. They traveled through the Gorge, a marvel then and a marvel today, to seek new hope. We betray their hopes and dreams if we despoil the crown jewel of Oregon's natural heritage in order to maximize short-term gambling projects.

ON CAFTA

The SPEAKER pro tempore. Under a previous order of the House, the gentlewoman from Ohio (Ms. KAPTUR) is recognized for 5 minutes.

Ms. KAPTUR. Mr. Speaker, Bloomberg News reported today, and I read the quote, "CAFTA," the expansion of NAFTA to all of Latin America, "will fail in Congress." And Peter Morici, a University of Maryland professor and former chief economist for the International Trade Commission, comments: "CAFTA is in trouble because of frustration with Bush administration inaction on the trade deficit and the Chinese yuan," which means that we are not dealing with the difficulties of the exchange rate between not just China and the United States but several other nations.

One and a half years ago, a 7-member Congressional delegation traveled to Mexico to examine the modern template for all of these trade agreements that is called NAFTA, the North American, I like to call it "failed" Trade Agreement, and the impact it has had on working families and farmers on both sides of that border.

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The delegation included the gentleman from Illinois (Mr. COSTELLO), the gentleman from Arizona (Mr. GRIJALVA), the gentlewoman from Illinois (Ms. SCHAKOWSKY), the gentlewoman from California (Ms. SOLIS), the gentleman from Mississippi (Mr. THOMPSON), the gentleman from Ohio (Mr. STRICKLAND), and myself. Our delegation produced a final report entitled "NAFTA at Ten: Journey to Mexico." It is included on the Web site, www.kaptur.house.gov.

Mr. Speaker, at the end of my Special Order, I include for the RECORD a summary of recommendations that our delegation made to fix NAFTA. In that vein, during our trip we met other parliamentarians, including the Honorable Victor Suarez Carrera of Mexico, during that journey. Representative Victor Suarez Carrera is currently serving as a federal representative for the 16th District of Mexico City in the Mexican Chamber of Deputies, so he would be our counterpart.

He made an eloquent speech saying, I plead with you, Congress of the United States, we the people of Mexico want good trade, not just free trade. He expressed a deep desire to visit our country to tell the American people how NAFTA was not just negatively impacting the people of our country but also the people of Mexico.

And so as this Congress considers an expansion of NAFTA to Central Amer-

ica, the CAFTA agreement, to Costa Rica, El Salvador, Guatemala, Honduras, and Nicaragua and the Dominican Republic, we are honored to welcome Deputy Suarez to the United States. He will be arriving tomorrow with his delegation of Mexican parliamentarians. They will be here Wednesday and Thursday and participate in extensive talks here in Congress on U.S.-Canadian and Mexico Inter-parliamentary cooperation on NAFTA and CAFTA. They will also travel to other places in the United States.

I want to put up a chart to show the difficulty from the United States standpoint. Every single year since NAFTA was signed, rather than the job creation we were promised, the United States has exacted larger and larger trade deficits with both Mexico and Canada. Those numbers were supposed to be exactly the reverse.

In Mexico, wages have been lowered. And Mr. Suarez comes from an area called Scala in Mexico, the southeastern region of Mexico, and we were literally in these fields with him talking to the farmers who have been displaced from their land in the nation of Mexico. It was so tragic to hear their stories. The American people need to hear the stories from the people of Mexico. It is not just our workers and farmers that are being hurt; they are being hurt as well.

Mr. Suarez is currently president of the Committee for the Center for Studies of Sustainable Rural Development and Food Sovereignty within the Chamber of Deputies. It is important to note he has been a leader and promoter of a movement in Mexico called The Countryside Cannot Take It Any More. He is also active in international peasant movements and in an inner-American network called Agriculture and Democracy.

The objectives of our trilateral meeting among parliamentarians are to create an intercontinental space for reflection, exchange of ideas and collaboration related to alternative forms of economic integration and trilateral development that helps people better their lives rather than reduce their livelihoods and looks ahead to what happens next after NAFTA as we stop CAFTA in its tracks.

Our effort is to foster dialogue and exchange between legislators and civil society organizations to further develop ideas for alternatives to the current framework surrounding the flawed free-trade model and to find better ways to achieve trilateral development.

Another goal is to identify some of the more critical impacts of the 11 years of NAFTA, focusing on an analysis of both national level and sector-specific effects. And finally, we seek consensus among our parliaments on possible future actions that could be taken trilaterally among legislators and between organizations and civil society to directly address some of the critical impacts of NAFTA and look